

New considerations for Sleep Hygiene

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Introduction

Sleep hygiene is a collection of prescribed behaviors to reduce activation at presleep. In early investigations of sleep quality, researchers identified educative directives that when given to poor sleepers resulted in some benefit in sleep onset latency and total sleep time. From this, professional sleep specialists' interventions to self-help sleep health information included this list. Behaviors such as reducing caffeine intake, monitoring room temperature and lighting to be conducive to sleep, aerobic exercise earlier in the day, regular eating times/no late-night eating, reductions/abstinence from tobacco and alcohol represent some of the common sleep hygiene adages. Jefferson, et al. [1] identified the association between poor sleep hygiene and poor sleepers-Insomniacs. Voinescu and Szentagotai-Tarar [2] analyses of responses from a large-scale survey study of a European adult population indicated low to moderate sleep hygiene awareness was not associated with sleep quality. Stepanski and Wyatt [3] review of sleep hygiene concluded that inconsistent implementation of behavioral practices, timing of sleep hygiene and the consistency of sleep hygiene practices prevented empirical evidence of their utility. Further, the research review indicated the role of inadequate implementation of sleep hygiene may contribute to perpetuating factors of poor sleep (Stepanski and Wyatt [3]). Based on these findings, a more focused investigation of the role of sleep hygiene to improving sleep quality as well as the behavior elements of sleep hygiene as they relate to the individual patient needs investigation. Additionally, new considerations that included current sociobehavioral practices are needed.

Currently, technological devices such as smartphones, fitness bands, along with sleeping rooms that include an electronics store of devices (e.g., large screen televisions, Xbox or PlayStation, Bluetooth speakers playing music and telemetric connection to amazon) provide entertainment stimulation of our time. Sunrise, sunset and light exposure (albeit electronic rather than natural sunlight) have significant effects on sleep timing (Walsh, et al. [4]). Adolescents and young adults are commonly described as frequent users of technological devices. Prince et al. [5] identified the effect of a sleep education program to high school students in the improvement of their sleep hygiene. It was found that the directive instruction rather than adlib lead to the adherence of the sleep hygiene practices. The

American Academy of Pediatric issued a policy statement about the common use of media from traditional television as well as new media (e.g., iPhone, iPads, social media) having a dominant force on children's sleep. A survey study by Peach, et al. [6] of college students identified the association between use of sleep hygiene and better mental health ratings. However, the 2010 Sleep Hygiene Practice Scale used did not include technological device use. American is spending an average of 4.7 hours a day on their smart phones—more than adults in a 12 country comparison Informate [7]. It seems that technological device use needs to be a new metric to include in sleep hygiene practices.

Individualized sleep hygiene practices for the patient, that includes the consideration of technological device use may render more meaningful findings of the context of the patient's sleep quality. A more focused examination that includes these new considerations of technological device use(s) in sleep hygiene practices is needed [8]. From this, effective interventions that may include sleep hygiene would more likely increase in fidelity and lead to increases in patient sleep quality.

References

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